EXHIBIT G

pennsylvania
DEPARTMENT OF HEALTH

Interim Guidance for Nursing Facilities During COVID-19 (3/18/20)

The Department of Health has received questions from nursing care facilities, associations, and constituents regarding best practices in nursing homes related COVID-19 including visitation policies. The Department is supporting guidance on critical measures issued by CMS for all nursing facilities, advise that facilities do the following:

- Restrict all visitors, effective immediately, with exceptions for compassionate care, such as during end-of-life situations
- Restrict all volunteers, non-essential health care personnel and other personnel (i.e. barbers);
    - This does not include the following:
        - Home-health and dialysis services;
        - The Department of Aging/Area Agency on Aging and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*; and
        - Hospice services offered by licensed providers within the nursing home facility.
- Restrict cross-over visitation from personal care home (PCH), Assisted Living, and/or Continuing Care Community residents to nursing homes. Ensure cross-over staff adhere to the facility's infection disease protocol.
- When there is evidence of community spread of COVID-19 within your county or adjacent counties, nursing care facilities should cancel all communal activities.
- When there is no community spread of COVID-19 within their county or adjacent counties, facilities should, at a minimum, implement social distancing in dining practices and group activities. The following recommended approaches should be considered:
    - **Testing**
        - Implement active screening of residents and health care personnel for fever and respiratory symptoms (Recommended Screening Questions below);
        - Staff should be screened at the beginning and end of every shift; and
        - Complete a Facility Entry Screening Form for each screening (Template accompanies this guidance)
        - If employees are ill or become ill during their shift, CMS recommends that facilities have employees put on a facemask and end their work shift, leave the building, and self-isolate at home.
    - **Admissions/Discharges**
        - Nursing care facilities must continue to accept new admissions and receive readmissions for current residents who have been discharged from the hospital who are stable to alleviate the increasing burden in the acute care settings. This may include stable patients who have had the COVID-19 virus.
            - Facilities should continuously consult the 2020 Health Alerts, Advisories and Updates for the most current information related to Test of Cure under the title "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19

in Healthcare Settings" See: https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx.

- Nursing care facilities should continue to employ normal discharge-to-home criteria to assist in LTC bed availability. If there has been a positive case, then appropriate quarantine measures shall be taken at the direction of the Department of Health of the CDC.

- **Dining services:**
  - Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance
  - Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets
    - Meals for these residents should be provided in their rooms. If that is not possible then the residents should remain at least six (6) feet or more from others if in a common area for meals, with as few other residents in the common area as feasible during their mealtime
  - If residents are brought to the common area for dining, then the following steps must be taken:
    - Stagger arrival times and maintain social distancing;
    - Attempt to separate tables as far apart as possible; with goal of residents being at least six (6) feet apart;
    - Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;
    - Have residents sit at tables by themselves to ensure that social distancing between residents can be maintained; and
    - Staff should take appropriate precautions with eye protection and gowns for this high-risk for choking resident population, given the risk to cough while eating.
  - Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more. Where it is not possible to have residents at six feet, than no more than one person per table (assuming a standard four [4] person table).
    - Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

- **Communal Activities**
  - Do not engage in communal activities unless doing so is necessary to maintain the health and welfare of the residents;
  - When there is evidence of community spread of COVID-19 within your county or adjacent counties, nursing care facilities should cancel all group activities and communal dining; and
  - If engaging in communal activities, only do so where a 6-foot separation can be maintained.

pennsylvania
DEPARTMENT OF HEALTH

- The following applies to any communal activities:
    - A resident can attend only if the resident has no fever or respiratory symptoms. – This requires the facility to perform evaluations as transporting to activity or as patients enter room;
    - The activity does not include food prep;
    - During the activity there are no shared bowls of food or containers of drinks (bottles or shared pitchers) such as pretzels, popcorn etc. If snacks are served, they must be individually wrapped, or drinks poured and served by staff;
    - No games where cards or game pieces would be passed between residents; and
    - Avoid group singing activities.

- OTHER
    - The infection control specialists designated by the facility must review PPE guidelines with all staff;
    - Minimize resident interactions with service providers (e.g. plumbers, electricians, etc.) through actions such as use of separate entrances, performing service at off-hours, and perform only essential servicing activities;
    - Arrange for deliveries to areas where there is limited person-to-person interaction;
    - Evaluate environmental cleaning practices and consider increasing frequency for high-tough surfaces; and
    - Remain adaptable, creative and supportive of all staff working in this pandemic situation.

The Centers for Medicare and Medicaid Services (CMS) provided additional guidance to nursing facilities to actively take employees temperature and document absence of shortness of breath, new or change in cough, and sore throat. If employees are ill or become ill during their shift, CMS recommends that facilities have employees put on a facemask and end their work shift, leave the building, and self-isolate at home.

Facilities should identify staff that work at multiple facilities and restrict them if appropriate, based on any knowledge of exposure to COVID-19 of residents in those facilities.

This is **immediately applicable to all nursing facilities in Pennsylvania**.

Please refer to the Department's website for the most up-to-date information.
Reference: https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

pennsylvania
DEPARTMENT OF HEALTH

Recommended Screening Questions1:

All individuals entering the nursing home should be asked the following questions:

1. Has this individual washed their hands or used alcohol-based hand rub on entry?
   YES / NO – If no, please have them to do so

2. Ask the individual if they have any of the following respiratory symptoms?
   Fever
   Sore throat
   Cough
   Shortness of breath

   If YES to any of the above, restrict the individual from entering the nursing home.
   If NO to all of the above, proceed to question #3 for employees and step #4 for all others.

3A. For employees, you may check the employee's temperature and document results
   Fever (defined as temperature greater than or equal to 100.0 degrees Fahrenheit) present?

   If YES, restrict the individual from entering the nursing home.
   If NO, proceed to step 3B.

3B. For employees, ask if they have:
   Worked in facilities with recognized COVID-19 cases?

   If YES, ask if they worked with a person with confirmed COVID-19?
   YES/NO
   If YES, restrict them from entering the nursing home.
   If NO, proceed to step 4.

4. For visitors who are allowed to visit due to compassionate care situations *and are asymptomatic upon screening*, allow entry to the nursing home and remind the individual to:
   - Wash their hands or use alcohol-based hand rub throughout their time in the nursing home;
   - Not shake hands with, touch or hug individuals while in the nursing home;
   - Wear a facemask while in the nursing home and
   - Restrict their visit to the resident's room or other location designated by the facility.

1 American Healthcare Facilities Association

SPOTLIGHT PA | POWERED BY The Inquirer

Pa. had an early plan to protect nursing home residents from the coronavirus, but never fully implemented it

by Aneri Pattani and Rebecca Moss, Updated: May 9, 2020- 7:45 AM

Spotlight PA is an independent, nonpartisan newsroom powered by The Philadelphia Inquirer in partnership with the Pittsburgh Post-Gazette and PennLive/Patriot-News. Sign up for our free weekly newsletter.

HARRISBURG — Pennsylvania's plan to protect its nursing homes was robust and aggressive.

In mid-March, before the coronavirus had widely taken hold across the state, emergency response officials drafted a three-page blueprint for quick strike teams of medical professionals that would respond to facilities as soon as a few positive cases were confirmed.

The teams — made of epidemiologists, nurses, emergency management personnel, and medical experts — would show up at a facility within six hours of a call for help, according to internal documents obtained by Spotlight PA. Within two hours, they would complete an assessment of the facility's needs and create a plan to address them.

The teams would train nursing home staff on infection-prevention protocols, provide personal protective equipment, help identify secluded quarantine areas, gather information for visitor and staff contact tracing, confirm a staffing plan, and more, according to the documents.

The quick response plan was circulated within the Health Department, with emails showing staff nurses and others were asked to volunteer. In the third week of March, it was shared with providers, said Zachary Shamberg, president and CEO of the Pennsylvania Health Care Association, which represents more than 400 long-term care facilities.

But the plan was never fully implemented, and a similar — though far more limited — effort wasn't activated until mid-April, long after major outbreaks had already taken hold.

CORONAVIRUS COVERAGE

● LIVE UPDATES | COVID-19 GUIDE | VIRUS TRACKER

"This was being touted as the answer to the epidemic," Shamberg said. "This was the state support we were counting on."

"I have to believe if these teams had been ready and prepared, we'd be in a much better place than we are today."

A spokesperson for the state Health Department, April Hutcheson, said she was unaware of the quick response team plan, but noted that many of the concepts that were part of it have been implemented. The state has been trying to provide as much help as possible "virtually," she said.

State Health Secretary Rachel Levine said nursing homes have always been a priority.

"I don't think our initial and our continuing plans have been misguided at all," Levine said at a May 4 news conference. "We have been working very hard throughout this entire process on protecting those homes as much as possible. It's a significant challenge, and we're continuing to do the very best we can."

The outbreak of COVID-19 was always feared to be particularly acute among older populations in Pennsylvania, which has one of the highest numbers of nursing homes in the nation. But a growing chorus of providers, advocates, lawmakers, families, and residents now says that state officials were too slow to act and are still not doing enough to help.

In the meantime, some facilities have become death traps.

As of Friday, state officials reported infections at 522 facilities and 2,458 deaths, which is 68% of all COVID-19 fatalities statewide. Roughly 900 new deaths in these facilities have been reported in just the last week. Despite the alarming numbers, the administration has stuck by its modest goals for increased statewide testing and has not committed to wider testing at nursing homes.

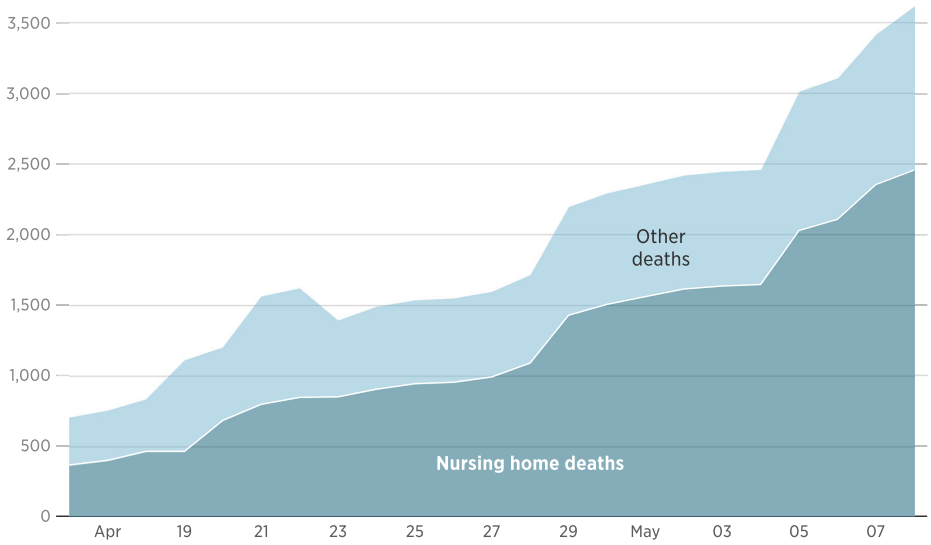
By contrast, Maryland, West Virginia, Wisconsin, Massachusetts, and Tennessee have committed to testing all long-term care residents and staff. In Maryland and Massachusetts, health officials also have formed "strike teams" to help overwhelmed facilities navigate outbreaks and mitigate the spread.

Levine said at a legislative hearing Thursday that state officials were discussing strategies to expand testing. But Sen. Lisa Baker (R., Luzerne) countered, "The time for robust discussing is over and the time for action is now."

The first positive cases of COVID-19 at the Life Care Center in Washington were announced on Feb. 28 — a full week before any coronavirus cases were identified in Pennsylvania, and several weeks before news outlets first reported cases in nursing homes here.

Nursing Home Deaths in Pennsylvania

As of Friday, more than 2,400 nursing home residents have died from COVID-19, according to state records. The total has risen by 573% since April 16, more than twice the pace of deaths outside of long-term-care facilities.



Note: The Department of Health has been inconsistent in its methodology for tabulating fatalities, resulting in several swings in the trend lines

Chart: JOHN DUCHNESKIE / The Philadelphia Inquirer • Source: Pa. Dept. of Health

As soon as that news broke, Pennsylvania officials should have visited facilities, prioritizing those with a history of infection-control issues, to assess if they had enough staff and protective equipment, said Diane Menio, executive director of the Center for Advocacy for the Rights & Interests of the Elderly.

“Not just looking at data, but going in and making sure there were people there and that they had a plan,” Menio said. “But that wasn’t happening.”

State health officials said they began sending advisories about COVID-19 to nursing homes in January. Since then, Hutcheson said, the department has provided guidance on separating sick staff and residents from those who are healthy, offered consultations on infection control, and regularly sent facilities personal protective equipment — even as lawmakers, families, and facility staff said supplies remain scarce.

Although the department doesn’t have quick response teams by that name, Hutcheson said, “in effect, those things are happening.”

“Any provider who wants support and consultation is getting that support and consultation,” she said, adding that the National Guard has been used to assist on the ground.

In early April, the Pennsylvania National Guard sent medics and nurses to a few facilities where a significant number of staff were out sick, a spokesperson, Lt. Col. Keith Hickox, said. As the requests for support increased, the guard on April 22 began dispatching a crew to distressed facilities to assess their needs — similar to the original strike team plans.

To date, the guard has visited just 11 facilities — 2% of those reporting cases — and along with supporting testing sites around the state, the guard’s medical assets are now near capacity, Hickox said.

CHARLES FOX / STAFF PHOTOGRAPHER
The Pennsylvania National Guard sent 18 military nurses and medics to help at the Broomall Rehabilitation and Nursing Center in Delaware County, but so far it's been unable to offer widespread help at nursing homes across the state.

‘I’ve never seen this in my life’

It’s hard to assess the effectiveness of the state’s response or which nursing homes are facing the biggest crises because the Wolf administration has refused to release a facility-by-facility list, even as neighboring states — including New York, New Jersey, Maryland, and Ohio — have done so.

Federal regulators are taking steps to make facility data public, but it’s unclear when it will be available. Advocacy groups, including the AARP of Pennsylvania, have called on Wolf to reverse course, saying that information is critical to accountability.

Numerous families statewide told Spotlight PA they are only learning about cases from the news or after their mothers, fathers, or siblings have already tested positive for the virus or died from it. And there are also concerns about how well providers are protecting their residents and staff.

Federal regulators have halted regular inspections, and the state has said it would only investigate complaints that indicate patients are in immediate jeopardy. What’s more, state health officials are refusing to say if they have conducted inspections or issued violations at any particular facility in relation to COVID-19, saying the public must wait until they post information online.

That typically takes more than a month, and could be delayed even longer because of the outbreak.

Facilities have banned visitors in most cases, and in-person ombudsman programs — advocates, often volunteers, that act as the voice for at-risk patients — have been communicating only by intermittent video or phone calls since mid-March. Taken together, facilities — including those with bad track records — have been left to largely police themselves.

"It's not enough for the facility to say what they think their needs are," said Lori Smetanka, executive director of the National Consumer Voice for Quality Long-Term Care. "There really needs to be some outside assessors that also have different areas of expertise to go in and assess what's really happening."

Devastating stories are emerging from across the state.

Nurses at the Gardens at West Shore in Cumberland County told Spotlight PA they are testing positive for the coronavirus and being told to "take Tylenol and come back." They were instructed not to test residents with symptoms of the virus, they said, and were forbidden from telling families and other residents about cases. Sick residents that had been moved to a separate area were later moved back among the general population. And nurses said they are reusing each other's protective gear, and often wear the same gowns between caring for well and sick residents.

Coronavirus Cases in Pa. Nursing Homes

Since April 16, when the state first released data for nursing homes, coronavirus cases have increased by 238%, more than tripling the rate of increase for cases outside of long-term-care facilities.

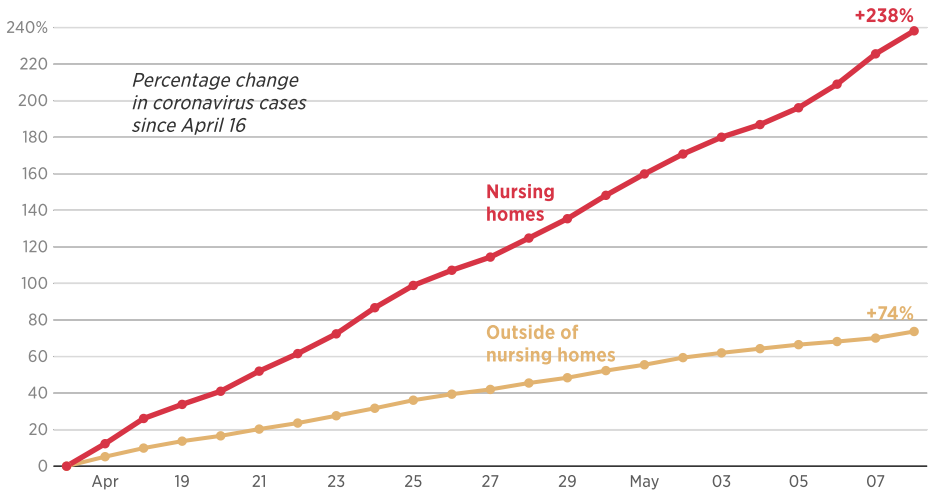


Chart: JOHN DUCHNESKIE / The Philadelphia Inquirer • Source: Pa. Dept. of Health

"Multiple people have reported this to the Pennsylvania Department of Health and nothing has been done," said one nurse, who requested anonymity because she was not allowed to speak with the media. "These people are sick. They need more help than they are given."

The facility is one of four in Pennsylvania and 88 nationwide flagged by federal regulators because of a long record of persistent and serious care issues. It is also among 27 facilities in the country that have failed to improve despite that designation, according to a recent report by the Centers for Medicare and Medicaid Services.

"I've never seen this in my life, in my 30 years of nursing," said one nurse at Gardens at West Shore, who is recovering from the coronavirus at home and asked not to be named for fear of retaliation. "Everybody was scared. ... Our residents didn't know what was going on. We couldn't really tell them. People are crying because they don't want to lose their job."

A spokesperson for the state Health Department, Nate Wardle, declined to say if any assistance had been provided to the facility.

Beverly Fry, the administrator at Gardens at West Shore, said nurses were only returning to work after being allowed by a medical professional. When asked about whether the facility had instructed nurses not to test residents, she said, "Oh my," and referred the news organization to a statement that said the facility has followed all state and federal guidelines.

The owner of the home, Priority Healthcare Group, did not respond to a request for comment.

At least 71 people have died at the Brighton Rehabilitation and Wellness Center in Beaver County, where weeks ago facility administrators said they presumed the more than 750 residents and staff all had the virus. The state quietly appointed a temporary management company to run the center in mid-April, and lawmakers in the region have called for a federal investigation into the nursing home. Brighton is one of 16 state facilities listed as a candidate for additional federal oversight because of documented problems.

And as of Wednesday, 34 people had died at the Southeastern Veterans' Center in Chester County. The death toll there nearly tripled over a five-day stretch in April, but the home concealed the extent of the outbreak from families and the public, according to internal documents obtained by The Inquirer.

DAN GLEITER / PENNLIVE
Nurses at the Gardens at West Shore in East Pennsboro Township said they were told not to test residents with symptoms of the coronavirus and were urged to come to work, even if they felt ill.

Limited help for overwhelmed facilities

Absent more of a presence on the ground, the state has relied on a nearly $1 million contract with ECRI, a patient safety and health-care research institute headquartered in Plymouth Meeting. The company was hired to consult with nursing homes on proper infection-prevention methods, and as questions about the state's response have increased, Levine, the health secretary, has repeatedly touted ECRI's work, but provided few details.

"They can even do sort of a virtual walk around the facility to make sure that everything is being done to protect the staff as well as patients," Levine said on April 6.

But in an interview with Spotlight PA, ECRI management said that it was only conducting phone consultations, and that the company had offered to send iPhones to facilities to do video consultations, but was told the Health Department preferred phone calls.

ECRI has a team of six nurses trained in infection control who consult with any facilities referred to them by the Health Department. The nurses correct improper protocols that might spread the virus, and then follow up with the facility for several weeks to see if practices improve. They also help facilities request personal protective equipment from the department.

“Some facilities are so overwhelmed that people don’t pick up the phone,” said Karen Schoelles, ECRI’s vice president of clinical excellence and safety, and head of the team working for the state. At others, staff answer the phone in tears, traumatized from seeing coworkers get sick and patients die daily.

As of April 29, ECRI had consulted with 76 facilities, or about 15% of all long-term care facilities with cases reported to the state. Providers criticized that number as too low when hundreds of facilities are vying for support.

“If ECRI is the be-all, end-all of the state’s response at this point, why have they not been to every facility?” Shamberg said.

Schoelles said ECRI can only work with facilities referred by the state. It receives three to six referrals a day, she said, but could handle up to 10. Hutcheson, the Health Department spokesperson, said the state’s health-care-associated infection staff is taking the lead on phone consultations and ECRI is supplementing their efforts.

“We utilize ECRI quite frequently when we need to,” she said.

The state’s long-term care ombudsman, Margaret Barajas, said her office is currently taking resident complaints by phone and is hoping to create a virtual visiting service soon to see the conditions inside facilities. But without widespread testing and protective gear at nursing homes, she fears the number of deaths will continue rising.

“We may have flattened the curve,” Barajas said, “but I don’t believe the consumers I am responsible for advocating on behalf of are any safer today than they were in early March.”

PennLive staff reporter Charles Thompson contributed to this article.

To report concerns about a long-term care facility, you can contact the state ombudsman’s office at (717) 783-8975.

Spotlight PA receives funding from nonprofit institutions and readers like you who are committed to investigative journalism that gets results. Give a gift today at spotlightpa.org/donate.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: **March 13, 2020**

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes ***(REVISED)***

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation*.
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent

monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

For ALL facilities nationwide:
Facilities should ***restrict*** *visitation of* ***all*** *visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

1. *Cancel communal dining and all group activities, such as internal and external group activities.*
2. *Implement active screening of residents and staff for fever and respiratory symptoms.*
3. *Remind residents to practice social distancing and perform frequent hand hygiene.*
4. *Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.*
5. *For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
6. *Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
7. *Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
8. *In lieu of visits, facilities should consider:*
    a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
    b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
    c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
    d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
9. *When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
    a) *Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
    b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with*

visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) *Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*

10. *Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been

developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices*, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
    - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?
CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?
CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
- CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html
- CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
- CDC FAQ for COVID-19**:** https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html
- *Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html*

CMS Resources:

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: https://www.cms.gov/files/document/qso-20-17-all.pdf
- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management

PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 508 – 5-12-ADV
ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities

DATE:	5/12/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	**ADVISORY: Test-based Strategies for Preventing Transmission of the Virus that Causes COVID-19 in Skilled Nursing Facilities**
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- Universal testing of residents and staff is one strategy to help inform infection prevention and control in skilled nursing facilities.
- Consider four key principles when using testing in skilled nursing care facilities.
  - Testing should not supersede existing infection prevention and control (IPC) interventions.
  - Testing should be used when results will lead to specific IPC actions.
  - The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.
  - Repeat testing may be warranted in certain circumstances.
- Facilities should develop a plan for testing and post-testing intervention to include:
  - Logistics of resident and staff testing
  - Cohorting plan to include designated Red, Yellow, and Green zones, respective of testing result and exposure status.

Nursing home populations are at high risk for infection, serious illness, and death from COVID-19. Testing is one strategy to help inform prevention and control in the facility. The Department has developed these guidelines to expand upon CDC Considerations for Use of Test-Based Strategies for Preventing SARS-CoV-2 Transmission in Nursing Homes. If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

KEY TERMS:

Testing or test: Laboratory tests that detect SARS-COV-2, the virus that causes COVID-19, using reverse transcription polymerase chain reaction (RT-PCR) testing are referred to here as testing or test.

SARS-CoV-2 infection: A term used throughout this document to indicate any person with a positive PCR test for SARS-CoV-2, regardless of whether they have symptoms or are asymptomatic. Persons with symptoms and a positive test are said to have COVID-19.

Healthcare personnel (HCP): Include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Consider the following four key principles when using testing in nursing homes:

1. Testing should not supersede existing infection prevention and control (IPC) interventions.

Testing conducted at nursing homes should be implemented *in addition to* existing infection prevention and control measures recommended by the DOH, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control. See PA-HAN-497 for more details about infection prevention and control and PA-HAN-500 for guidance about specimen collection.

2. Testing should be used when results will lead to specific IPC actions.

For example, test results can be used to:

- Cohort exposed residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.
- Determine the SARS-CoV-2 burden across different units or facilities and allocating resources.
- Identify HCP with SARS-CoV-2 infection for work exclusion.
- Enable HCP to return to work after being excluded for SARS-CoV-2 infection.
- Discontinue transmission-based precautions for residents with resolved SARS-CoV-2 infection.

3. The first step of a test-based prevention strategy should be a point prevalence survey (PPS), ideally, of all residents and all HCP in the facility.

Testing of residents

Testing of residents should be aligned with consideration for testing capacity in the following order of priority:

1. Facility-wide PPS of all residents should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience from nursing homes with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic

residents with SARS-CoV-2 present as well. PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. If undertaking facility-wide PPS, facility leadership should be prepared for the potential to identify multiple asymptomatic residents with SARS-CoV-2 infection and make plans to cohort them.
    - If testing capacity is not sufficient for facility-wide PPS, performing PPS on **units with symptomatic residents** should be prioritized.
    - If testing capacity is not sufficient for unit-wide PPS, testing should be prioritized for **symptomatic residents and other high-risk residents**, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services.
2. In facilities that do not have known cases of COVID-19, test 20% of residents weekly to identify early transmission. If any testing from the sample population is positive, the facility should plan to do facility-wide testing.

Testing of nursing home HCP

Testing of staff should be aligned with consideration for testing capacity in the following order of priority:

1. PPS of **all HCP** should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience suggests that, despite HCP symptom screening, when COVID-19 cases are identified in a nursing home, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes.
2. In facilities that do not have known cases of COVID-19, test 20% of staff weekly to identify early transmission. If any testing from the sample population is positive, the facility should plan to do facility-wide testing.

CDC recommends **HCP with COVID-19 be excluded from work**. Follow PA-HAN-501 for Return-to-Work Guidance. Facility leadership should have a plan for meeting staffing needs to provide safe care to residents while infected HCP are excluded from work. If the facility is in Crisis Capacity and facing staffing shortages, see CDC guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages for additional considerations.

4. Repeat testing may be warranted in certain circumstances.

Initial PPS should be prioritized; repeat testing should be aligned with consideration for testing capacity. After initial PPS has been performed for residents and HCP (baseline) and the results have been used to implement resident cohorting and HCP work exclusions, nursing homes may consider retesting under the following circumstances:

Retesting of residents

- Retest any resident who develops symptoms consistent with COVID-19.
    - Consider retesting all residents who previously tested negative at some frequency shortly (e.g., 3 days) after the initial PPS, and then weekly to detect those with newly developed infection; consider continuing retesting until PPSs do not identify new cases.
    - DO NOT DELAY TESTING of symptomatic individuals until the next scheduled facility-wide testing event.

    - If testing capacity is not sufficient for retesting all residents, retest those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or HCP.
- Use retesting to inform decisions about when residents with COVID-19 can be moved out of COVID-19 wards. See PA-HAN-502 for additional information.

Retesting of nursing home HCP

- Retest any HCP who develop symptoms consistent with COVID-19.
- Retest to inform decisions about when HCP with COVID-19 can return to work. Follow PA-HAN-501 for Return-to-Work Guidance.
- Consider retesting HCP at some frequency based on community prevalence of infections (e.g., once a week).

If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.

Facilities Should Develop a Plan for Testing and Post-Testing Intervention

Planning for Testing Logistics:

- Which asymptomatic residents will be tested? (all *symptomatic* residents should be tested)
- Which HCP should be tested?
- Which laboratory will provide collection materials and process specimens? Ideally, laboratories reporting results within 1-2 days should be used. Longer turn-around-times severely limits the utility of testing asymptomatic persons.
    - While testing can be completed at the state public health laboratory where timely commercial testing is not available, the large scope of the pandemic will require facilities to use their own resources to obtain testing results more rapidly.
    - Facilities should develop relationships with commercial laboratories for testing (including acquisition of supplies).
    - Facilities who cannot acquire testing supplies or who want to perform an initial PPS using the state public health laboratory should contact RA-DHCOVIDTESTING@pa.gov with the facility name in the subject.
- Who will obtain patient agreement and how will it be documented? DOH recommends using the same process as would be used for influenza testing or other related laboratory tests.
- Who will perform specimen collection?
- What PPE will be worn during testing and how often will it be changed?
    - The DOH recommends staff collecting swabs wear gowns, gloves, eye protection and respirators or facemasks, if respirators are not available. Gowns, eye protection and respirators or facemasks should be changed if coughed or sneezed upon or if otherwise soiled. Gloves must be changed between each test with hand hygiene performed with each glove change.
- What shipping supplies and refrigeration are needed?

Post-Testing Actions to Prevent Transmission:

For resident testing:

- Residents need to be cohorted to separate units in three zones, based on test results.
    - **COVID + test (Red Zone)**: residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions

- **COVID – test potentially exposed (Yellow Zone):** residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19
- **Unexposed (Green Zone):** any resident in the facility who was not tested and is thought to be unexposed to COVID-19

- The three types of residents listed above should not share common areas such as communal bathrooms and showers with other types of residents. The three zones should remain separate on the unit.
- Staff should be designated by zone *as much as possible* to minimize risk to exposed (Yellow) and non-exposed (Green) residents. Using staff in more than one zone should be prioritized as below, with the best option listed first, and the least desirable option last.

Best Option	Staff always work on the same unit, and units do not include more than one Zone. Staff do not cross over to other units.
	Staff always work on the same Zone, and do not cross over to other Zones. They may work in two or more exposed (Yellow) units, for example.
	Staff are assigned to specific Zones but must *occasionally* cover staffing needs in other Zones for certain shifts. Ideally, staff would not work in the COVID-positive (Red) unit and then return to exposed (Yellow) or unexposed units (Green).
	Staff always work in the same Zone during one shift but may work in different Zones on different shifts. Ideally, staff would not work in the COVID-positive (Red) zone and then return to exposed (Yellow) or unexposed (Green) units.
Least Desirable	Occasionally staffing needs require that certain staff work in more than one Zone during a single shift. That person must change all PPE and perform hand hygiene when going from one Zone unit to another. *Exception: respirators or facemasks that have been worn with a face shield can be worn continuously.* Ideally, this should be limited to key staff (e.g. RNs).

Zone Guidelines

- Zones should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Equipment should be dedicated ideally to each unit, and if necessary shared only between units of the same Zone. Any equipment that must be shared between

different Zones should be fully cleaned and disinfected between use. These occurrences should be rare.
- Full PPE must be used to care for residents in COVID+ (Red) and COVID- potentially exposed (Yellow) zones.
- COVID Positive (Red) and Unexposed (Green) units should be as far apart as possible within the facility.
- Unexposed (Green) units should be clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the area.
- Occasionally, a laboratory may report an **inconclusive or indeterminant result** for SARS-CoV-2 PCR testing. For residents with these results, specimen collection should be repeated as soon as possible. The resident should be cared for within a COVID-potentially exposed (Yellow) zone while awaiting repeat test results.
- **Any resident who develops symptoms consistent with COVID, should be presumed positive**
  - Test for COVID-19 immediately if symptoms occur.
  - While awaiting test results, move to a private room or remove roommate from current room. Consider roommate exposed (Yellow). Keep resident in current unit if they are in an Exposed unit (Yellow). If the symptomatic resident is in an Unexposed (Green) zone, move to the Exposed (Yellow) zone in a private room.
  - If test positive, move to COVID Positive zone (Red).
- **De-escalating Zones:** When criteria set forth in PA-HAN-502 under "Discontinuing 'exposed' or 'affected' status for a unit or facility" are met:
  - A COVID Positive zone (Red) may be changed to Unexposed (Green) status
  - A COVID-potentially exposed (Yellow) Zone may be changed to Unexposed (Green) status where these criteria have been met and where exposure occurred at least 14 days ago.
- **Residents refusing testing**: occasionally asymptomatic residents may refuse to be tested. These residents, if potentially exposed to COVID-19, should be cared for in a COVID- potentially exposed (Yellow) zone until at least 14 days after exposure. If these residents develop fever or respiratory symptoms testing is recommended, and the testing request should be re-visited with the resident or responsible party.

For staff testing:

- Follow PA-HAN-501 for Return-to-Work Guidance.
  a. Staff with fever or respiratory symptoms should be excluded from work and isolated until they meet return to work criteria.
  b. Asymptomatic staff who test positive should be excluded from work and isolated for 10 days from the date of their first positive test (if they have not developed symptoms). *See exception for critical staffing needs below.*
- *Exceptions for critical staffing need*- Asymptomatic staff may be able to work, but facilities must ensure the following conditions exist prior permitting these staff to work:
  a. Asymptomatic staff with SARS-CoV-2 infection must only work with COVID-19 positive residents (Red Zone) and staff.
  b. Work areas for COVID positive and negative or untested staff must be kept separate, including break rooms, workstations and bathrooms.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 12, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.

pennsylvania
DEPARTMENT OF HEALTH

May 12, 2020

Interim Guidance for Nursing Care Facilities During COVID-19

The Department of Health (Department) is providing the below guidance as an update to the guidance issued on March 18, 2020. Since the previous version of the guidance, the Department has issued several Health Alert Networks (HANs), which require greater detail in guidance for nursing care facilities (NCFs) regarding personnel allowed to access the facility amid visitor restrictions; health care personnel who become ill during their shift; admissions and readmissions for residents exposed to COVID-19; and testing for COVID-19 upon discharge from a hospital to an NCF. As well, the epidemiological understanding of COVID-19 has deepened, which resulted in a new section around cohorting residents, and the Secretary of Health issued an Order requiring facilities to report in Knowledge Center so the Department may have more real-time information in order to best serve facilities.

1. Admissions/Readmissions

All admissions and readmissions to NCFs must follow HAN 502 for Transmission-Based Precautions. Given the significant risk COVID-19 poses to residents of NCFs, the following guidelines should be followed related to admission and readmission of residents:

NCF Resident At Hospital for COVID-19 - Per HAN 502, if Transmission-Based Precautions are still required, the resident should be readmitted to an NCF with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, and preferably be placed in a location designated to care for COVID-19 residents. - *NOTE*: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for readmission. - If resident has already tested positive for COVID-19, do not test again as a condition for readmission. - A positive test result is not a reason to refuse readmission to a resident; rather, adhere to HAN 502.	**NCF Resident at Hospital for Anything Other than COVID-19** - Hospital should test the patient before discharge to an NCF to ensure the patient is not asymptomatic or pre-symptomatic positive. NCFs may refuse to admit a patient if a test is not administered. - NCFs should not wait until test results are available before readmission if the resident is clinically indicated for discharge, but should be prepared to quarantine a resident until test results are available. - A positive test result is not a reason to refuse readmission to a resident; rather, adhere to HAN 502.
Individual at Hospital for COVID-19 Being Discharged to NCF - Per HAN 502, if Transmission-Based Precautions are still required, the individual should go to an NCF with an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients, and preferably be placed in a location designated to care for COVID-19 residents.	**Individual at Hospital for Anything Other than COVID-19 Being Discharged to NCF** - Hospital should test individual before discharge to a NCF to ensure patient is not asymptomatic or pre-symptomatic positive. NCFs may refuse to admit a patient if a test is not administered.

pennsylvania
DEPARTMENT OF HEALTH

- *NOTE*: Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge. - If individual has already tested positive for COVID-19, do not test again as a condition for admission. - A positive test result is not a reason to refuse admission to an individual; rather, adhere to HAN 502. - An NCF must continue to take new admissions, if appropriate beds are available, and a suspected or confirmed positive for COVID-19 is not a reason to deny admission.	- NCFs should not wait until test results are available before admission if the individual is clinically indicated for discharge, but should be prepared to quarantine the individual until test results are available. - A positive test result is not a reason to refuse admission to an individual; rather, adhere to HAN 502. - NCF must continue to take new admissions, if appropriate beds are available.

2. Cohorting Residents

If an NCF wishes to expand the number of beds or convert closed wings or entire facilities to support COVID-19 patients or residents, first review PA-HAN 496, Universal Message Regarding Cohorting of Residents in Skilled Nursing Facilities. If the facility's planned strategy appears to conform with PA-HAN 496, submit a request to the Department's appropriate field office for approval. Each request will be considered on a case-by-case basis, and dialogue with the facility will occur to acquire all details needed for the Department to render a decision. To ensure the Department has the necessary information to enter into that dialogue, include at a minimum the following information for the new or expanded space (if applicable) with the request:

- Number of beds and/or residents impacted, including whether residents will be moved initially.
- Whether the beds are Medicare or Medicaid (including proof of approval from the Department of Human Services to expand the number of Medical Assistance beds, if applicable).
- Location and square footage (with floor plan and pictures, if appropriate).
- Available equipment in the room.
- Staffing levels and plan for having adequate staffing for the duration of the cohorting.
- Plan for locating displaced residents including care of vulnerable residents (such as dementia residents) either in the same facility or sister facility.
- Description of how residents with COVID-19 will be handled (e.g., moving within the facility, admitted from other facilities, admitted from the hospital).
- Plan for discontinuing use of any new, altered or renovated space upon the expiration of the Governor's Proclamation of Disaster Emergency issued on March 6, 2020.
- Contact information for person responsible for the request.

Upon submission of the request, a representative from the Department will reach out to the facility's contact person to discuss next steps. Questions regarding this process can be directed to the appropriate field office.

pennsylvania
DEPARTMENT OF HEALTH

3. Mandatory Reporting through Knowledge Center

In accordance with the Order of the Secretary of Health issued on April 21, 2020, all NCFs licensed in the Commonwealth must complete the Nursing Care Facility Survey in the Knowledge Center at 8:00 a.m. daily. All fields indicated as mandatory must be completed. If any non-mandatory field has changed from the initial submission, the facility must update that field on the next calendar day's submission.

4. Visitors Policies

NCFs should limit outside visitors to the greatest extent possible to limit exposure for residents; however, there are some instances when visitation is necessary, which is outlined below. All visitors who enter the facility must adhere to universal masking protocols in accordance with HAN 492 and HAN 497. The following specific examples of inappropriate and appropriate visitation include:

1. Restrict all visitors, except those listed in the fourth bullet point below.

2. Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).

3. Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the NCF. Ensure cross-over staff adhere to the facility's infectious disease protocol.

4. The following personnel are exempt from visitor restrictions and are therefore permitted to access NCFs:

    - Physicians, nurse practitioners, physician assistants, and other clinicians;
    - Home health and dialysis services;
    - The Department of Aging/Area Agency on Aging and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*; and
    - Hospice services, clergy and bereavement counselors, offered by licensed providers within the NCF, as well as the Department of Health or agents working on behalf of the Department, or local public health officials.

5. Infection Control and Personal Protective Equipment (PPE)

- The infection control specialists designated by the facility must review PPE guidelines with all staff.
- Residents may not engage in communal activities until their Region is designated as Green, per the Governor's guidance.
- Minimize resident interactions with other personnel and contractors performing essential services (e.g., plumbers, electricians, etc.) through actions such as using separate

entrances, performing service at off-hours, and performing only essential servicing activities.

- Arrange for deliveries to areas where there is limited person-to-person interaction.
- Evaluate environmental cleaning practices and increase frequency of cleaning and disinfection for high-touch surfaces.
- Refer to the following for guidance on infection control and PPE use, including universal masking for all persons entering the facility:
  - HAN 497 Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (COVID-19) in a Healthcare Setting
  - HAN 492, Universal Masking of Healthcare Workers and Staff in Congregate Care Settings

6. Screening

Continue active screening of residents and health care personnel for fever and respiratory symptoms (using a checklist for employees such as the one developed by the American Health Care Association and the National Center for Assisted Living). Staff should be screened at the beginning and end of every shift. All other personnel who enter the facility should be screened.

Health care personnel with even mild symptoms of COVID-19 should consult with occupational health before reporting to work. If symptoms develop while working, health care personnel must cease resident care activities and leave the work site immediately after notifying their supervisor or occupational health services, in accordance with facility policy.

7. Dining Services

- Provide in-room meal service for residents who are assessed to be *capable of feeding themselves* without supervision or assistance.

- Identify *high-risk choking residents and residents at-risk for aspiration* who may cough, creating droplets. Meals for these residents should be provided in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for eating in a common area in addition to ensuring the residents remain at least six feet or more from each other.

- *Residents who need assistance with feeding* and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, then no more than one resident who needs assistance with feeding may be seated at a table (assuming a standard four-person table).

Precautions When Meals Are Served in a Common Area
➢ Stagger arrival times and maintain social distancing; ➢ Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time;

pennsylvania
DEPARTMENT OF HEALTH

- Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating; and
- Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

This guidance is intended to assist with NCFs' response to COVID-19. With the Governor's authorization as conferred in the disaster proclamation issued on March 6, 2020, all statutory and regulatory provisions that would impose an impediment to implementing this guidance are suspended. Those suspensions will remain in place while the proclamation of disaster emergency remains in effect.

This updated guidance will be in effect **immediately** and through the duration of the Governor's COVID-19 Disaster Declaration. The Department may update or supplement this guidance as needed.

RESOURCES

Department's Guidance, FAQs, and Orders for Nursing Care Facilities:
https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx
Department's Health Alerts, Advisories, and Updates:
https://www.health.pa.gov/topics/prep/PA-HAN/Pages/2020-HAN.aspx

pennsylvania
DEPARTMENT OF HEALTH

PROTECTING PEOPLE IN LONG-TERM CARE FACILITIES IN PENNSYLVANIA

BACKGROUND

Long-term care facility owners and administrators across the nation, and in Pennsylvania, often need to take extra precautions in controlling outbreaks of infectious diseases due to the nature of the close living environment, and because residents may have serious medical conditions that require near-constant care. These challenges have been especially difficult during the COVID-19 pandemic both nationally and in Pennsylvania. With this knowledge, the Wolf Administration took swift action to protect our vulnerable residents in long-term care facilities.

PENNSYLVANIA'S APPROACH

Since the start of the COVID-19 pandemic, the Commonwealth has focused on a plan with three major pillars to protect the vulnerable people living in long-term care facilities:

- Ensuring resident safety through education, resources and testing;
- Preventing and mitigating outbreaks; and
- Working in partnership with state agencies, local health departments and long-term care facility operators.

This approach guides facilities on the cohorting of residents with COVID-19, universal screening and masking of all healthcare workers, and educates in clear terms how to provide residents access to the Ombudsman.

The Commonwealth has delivered more than 1,700 shipments of PPE to skilled nursing homes, personal care homes and other long-term care facilities, both as routine deliveries and as critical needs deployments to facilities in most need.

PENNSYLVANIA'S ACTION

Pennsylvania has taken aggressive steps to prevent and mitigate outbreaks in long-term care facilities. In addition to its ongoing efforts, the Commonwealth will enhance its response to long-term care facilities by:

- Implementing universal testing of staff and residents;
- Increasing transparency through public reporting of outbreaks, deaths and testing; and
- Providing ongoing direct support, including regulatory inspections, personal protection equipment and on-site staffing support.

Universal Testing of Staff and Residents

Testing is an essential element to ensuring resident safety. The Department is executing a robust universal testing strategy for staff and residents within long-term care settings as part of the Wolf Administration's statewide enhanced testing strategy. This statewide testing strategy focuses on: ensuring testing is **accessible** for all Pennsylvanians with symptoms of COVID-19; **available** by increasing supply and building community capacity and **adaptable** to the evolving landscape of the virus and emerging data.

Guidance issued to licensed hospitals and skilled nursing homes require that before a resident is discharged from a hospital to a long-term care facility, they are tested for COVID-19 if they were not hospitalized due to the virus. This provides valuable information to the facility to ensure they can cohort the patient properly, monitor their condition and take proper precautions to prevent the spread of the virus. This represents a signficiant step in identifying asymptomatic and pre-symptomatic residents so nursing facilities may properly isolate or cohort them. However, the Department anticipates it could increase challenges related to residents being admitted back into the nursing facility due to a lack of space or beds to properly accommodate these residents. The Department is actively analyzing options related to alternative care facilities to see how it can support the long-term care community in properly caring for those residents in a safe and clinically appropriate space.

Date Created 5/11/2020 Date Updated: 5/11/2020

pennsylvania
DEPARTMENT OF HEALTH

Additionally, the Department issued clinical guidance, through a Health Alert, to provide direction to all long-term care facilities in Pennsylvania on universal testing strategies for skilled-nursing facilities and what steps to take after a positive test result.

The Department is committed to testing all patients and staff in Pennsylvania's long-term care facilities. To accomplish this, the Department is providing testing swabs to long-term care facilities that do not have an adequate supply based on what the Commonwealth receives from the federal government. For facilities that are not able to connect to testing laboratories, the Department's State Health Laboratory will process the tests.

Increased Transparency
To ensure Pennsylvania is in line with federal guidance recently released, the Secretary of Health issued an order that requires long-term care facilities report cases, deaths and tests performed to the Department of Health. A public report will be available on the Department website after May 18. The information in this report will be the same data collected by the Centers for Disease Control and Prevention (CDC) to provide consistent and comparable information.

Ongoing Direct Support
The Department has leveraged its existing resources to provide consultation to long-term care facilities to prevent or control existing outbreaks. This includes:

- **Quality Assurance licensure staff** who do onsite visits to facilities to investigate complaints and concerns related to safety of the residents.
  The Infection Control and Outreach Team (ICOR) made up of members of the Department's Healthcare Acquired Infection program providing consultation and support to Department- licensed facilities. To date, this team has provided support to over 250 facilities.
- **The Educational Support and Clinical Consultation Program (ESCCP)** created by DHS in partnership with the Jewish Healthcare Foundation and seven different healthcare systems across the state provides educational assistance and technical assistance to DHS and DOH licensed facilities including skilled nursing facilities. This assistance includes clinical guidance, advisement on infection control strategies and critical needs identification.
  - To date, this team has provided support to over 75% of the 1,200 personal care home/long-term care facilities in the Commonwealth;
  - To date, this team has provided support to 202 skilled nursing facilities; and
  - To date, this program held 10 educational webinars with total attendance of 1390 participants.
- **Post-Acute Staffing Team (PAST)** leverages multiple state agencies' efforts, including the **Pennsylvania Emergency Management Agency** and the **Pennsylvania National Guard** to provide critically needed staffing support in long-term care facilities where staff have been impacted by their own illness or quarantine. To date, this team has prevented the evacuation of 10 long-term care facilities by supplementing their staffing.

To supplement these efforts, the Department:

- **Contracted with ECRI, Inc.,** to provide technical assistance to health care organizations and is tasked with conducting deeper infection control work with specific high-risk facilities. To date, this team has provided support to nearly 100 facilities.
- **Engaged the independent Patient Safety Authority (PSA)** to track and analyzes risks to patients in healthcare settings and has also worked to provide technical assistance to these facility types. To date, this team has provided support to 89 facilities, mostly focusing on prevention work in facilities with no or limited cases.

pennsylvania
DEPARTMENT OF HEALTH

Waived Department of Health regulations to empower facilties to supplement staffing.
Waived Department of State licensing regulations to temporarily alleviate barriers for health care practitioners during the pandemic.

- **Create rapid response strike teams** using the Commonwealth's staffing contract of nurses and nurses and other trained health care personnel to staff the facilites during this crisis.
- **Deployed the national guard** to implement mass testing in priority facilities**.**

All Hands on Deck
The Wolf Administration has dedicated its resources to protect long-term care facility residents, health care providers and staff.

The **DHS** is in daily contact with the infection control teams at the Department, providing them with an up-to-date tracker of personal care homes, assisted living residences and skilled nursing facilities that ESCCP has contacted. When critical PPE needs are identified, DHS program offices, in consultation with the DHS-licensed facilities, give the requisite information to the Department to prioritize these sites for PPE allocation, staffing support, or additional infection control expertise.

The **Department of Aging's** Office of the State Long-Term Care Ombudsman (Office) has produced and distributed numerous guidance documents to assist consumers and their legal representatives understand their rights under CDC and CMS COVID-19 Interim Protocols. The Office also recently launched a statewide Virtual Family Council. Through a virtual platform, the Office "meets" twice monthly throughout the pandemic and beyond to support the needs of families during these extraordinary times. The meetings educate, support and gather information from families. Additionally, this forum links people to their respective local ombudsman or other resources. More information on the Virtual Family Council and telecommunication project can be found on the Department of Aging website. Additionally, this Office, in collaboration with AARP, will be providing telecommunication resources to a group of nursing home residents across the Commonwealth to increase access to communication with their loved ones.

The **Pennsylvania Emergency Management Agency (PEMA)** continues to work closely with the Department and other agencies to provide logistical support for staffing and resource allocation to long-term care facilities across the Commonwealth. Specifically, PEMA coordination at a statewide and local level is an essential component of the push model for PPE and other critical resources to long-term care facilities.

The **Pennsylvania National Guard** enhances multiple state agencies' efforts to provide critically needed staffing support in long-term care facilities where staff have been impacted by their own illness or quarantine. To date, this team has prevented the evacuation of 10 long-term care facilities by supplementing their staffing.

RESOURCES FOR MORE INFORMATION

COVID-19 Information for Health Care Facilities: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Health-Care-Facilities.aspx
COVID-19 Information for Nursing Homes: https://www.health.pa.gov/topics/disease/coronavirus/Pages/Nursing-Homes.aspx
COVID-19 Resource Guide for Older Adults: https://www.aging.pa.gov/Pages/covid-guide-for-older-adults.aspx
CDC's Coronavirus Guidance for Older Adults: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
CDC'S Coronavirus Guidance on Shared and Congregate Housing: https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/index.html

Date Created 5/11/2020 Date Updated: 5/11/2020